

CLAIMS ONLY							Application Number <i>1070945</i>	Filing Date				
							Applicant(s)					
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	/						51					
2		/					52					
3		/					53					
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44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	<i>4</i>						Total Indep					
Total Depend	<i>6</i>						Total Depend					
Total Claims	<i>10</i>						Total Claims					